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LICENSE NUI	MBER: 051400003		CITY OR TOWN HATFIELD				
APPLICATIO	N FOR RENEWAL:	Annual	Annual LICENSED FOR 2013				
		CLASS		YEAR			
LICENSEE NA	AME: HNE, INC.						
DOING BUSI	NESS A DOUBLE B'S B	AR + GRILL					
ADDRESS 4 P	PROSPECT CT.						
CITY/TOWN:	HATFIELD	STATE: MA	ZIP CODE:	01038			
MANAGER:	HOLHUT, TY KENNETH	PE OF LICENSE: Ge pre	neral on Ca	ATEGORY: All Alcohol			
EMAIL ADDR	RESS:						
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR E	MAIL ADDRESS				
-	N OF LICENSED PREMI						
RESTAURAN	S, SECOND FLOOR REN T. THREE ENTRANCES EVEN TABLES						
I hereby certify	and swear under penaltie	s of perjury that:					
1. the	renewed license will be of	the same type for the	same premises now	licensed;			
	licensee has complied with		_	o taxes; and			
3. the	premises are now open for	r business (If not expl	ain below)				
CICNED DV							
SIGNED BY	Individual, Partne	er or Authorized Corp	orate Officer				
					7		
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:				
			(Note: NOT Ind	(Note: NOT Individual Social Security Number)			
Acts of 2004,	rsigned, attest that we are signed by the building in e and (2) the certificate o	spector and the hea	d of the fire departi				
Please Check Belo			LOCAL LICENS	SING AUTHORITY			
APPROVED:		By:					
DISAPPROVE (If disapproved							
(11 disappioved	· Capiani)			_			
DATE:							
			<u></u>				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	CENSE NUMBER: 051400004				CITY OR TOWN HATFIELD				
APPLICATION FO	R RENEWAL:	Annu	al	LICEN	ISED FOR 20)13			
		CLA	SS			YEAR			
LICENSEE NAME:	HATFIELD POST	#344 AMERI	CAN LEG	ION INC.					
DOING BUSINESS	A HATFIELD AME	RICAN LEG	ION						
ADDRESS 1 PROS	PECT ST.								
CITY/TOWN: HA	TFIELD	STATE:	MA	ZIP CODE:	01038				
	TARO, TYP DMAS A.	E OF LICEN	SE: Veteran	as club C	ATEGORY:	All Alcohol			
EMAIL ADDRESS:	:								
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER	YOUR EMAIL	ADDRESS		_			
	LICENSED PREMIS								
	BUILDING WITH HA			S. KITCHEN	ON FIRST				
	swear under penalties				y liaanaad.				
	ved license will be of t see has complied with	• •		•					
	ises are now open for l			_	to tuxes, und				
SIGNED BY									
	Individual, Partner	or Authorized	l Corporate	Officer					
DATE:	TELEPHONI	E NUMBER:			R IDENTIFICAT				
				(Note: NOT In	dividual Social S	ecurity Number)			
Acts of 2004, signe	ed, attest that we are ed by the building ins (2) the certificate of	pector and tl	ne head of	the fire depart	ment for the	above			
Please Check Below:			L	OCAL LICEN	SING AUTHO	ORITY			
APPROVED:			В	y:					
DISAPPROVED: [(If disapproved expl			_						
(11 disappioved expi	am)		_			_			
			_						
DATE:			_						
			_						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:051400005		CITY OR T	ΓOWN	HATFIELD)
APPLICATION FOR	RENEWAL:	Annua	I	LICEN	SED FOR 20	013
		CLASS	S			YEAR
LICENSEE NAME:	TOW. SW. KA	ZIMIERZA GP. 19	65 Z.N.P.			
DOING BUSINESS A	A					
ADDRESS 77 SCHO	OL STREET					
CITY/TOWN: HAT	FIELD	STATE:	MA ZIP CC	DE:	01038	
MANAGER: MOT	YKA, CARL	ΓΥΡΕ OF LICENS	E:Club	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
DESCRIPTION OF L FIVE ROOMS ON FI I hereby certify and sv 1. the renewed 2. the license	ICENSED PRE IRST FLOOR W wear under penal ed license will be e has complied w es are now open	TTH CELLAR FOI	R STORAGE or the same premis Commonwealth re explain below)			
DATE:	TELEPH	ONE NUMBER:				ION NUMBER:
We the undersigned Acts of 2004, signed named license and (2010.	by the building	g inspector and the	head of the fire insurance requi	departr	nent for the Chapter 116	above of the Acts
Please Check Below: APPROVED:				LICENS	ING AUTHO	ORITY
DISAPPROVED:			By:			
(If disapproved explain	in)					
DATE:						



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LICENSE NU	MBER: 051400008		CITY OR TOWN HATFIEL	LD
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	AME: THE HATFII	ELD PUB INC.		
DOING BUSI	NESS A			
ADDRESS 31	2 WEST STREET			
CITY/TOWN:	HATFIELD	STATE: MA	ZIP CODE: 01066	
MANAGER:	GRENIER, SHELLY L.	TYPE OF LICENSE: Res	taurant CATEGORY	: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
	N OF LICENSED PR			
		ND STORAGE IN CELLAR ECK TO THE EXISTING F	R WITH AN ADDITIONAL 6 BUILDING	5' X 30'
I hereby certify	y and swear under per	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	same premises now licensed;	
2. the	licensee has complied	d with all laws of the Comm	nonwealth relating to taxes; and	l
3. the	premises are now ope	en for business (If not expla	in below)	
SIGNED BY				
	Individual, P	artner or Authorized Corpor	rate Officer	
DATE:	TELEP	PHONE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	Security Number)
Acts of 2004,	signed by the buildi	ng inspector and the head	certificate required by Chap of the fire department for the cance required by Chapter 1	ie above
Please Check Belo			LOCAL LICENSING AUTI	HORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	ı expiaiii)			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 051	.400010		CITY OR TOWN HATFIEL	עב
APPLICATION FOR RE	NEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
DESCRIPTION OF LICE RETAIL SECTION IN PI I hereby certify and swear	IATFIELD RD LD MARK TY E ALSO VISIT OUR W ENSED PREMIS RE-EXISTING Under penalties	STATE: MA PE OF LICENSE: Pace TEBSITE AND ENTER YOUR ET SES: BLDG AT HATFIELD S of perjury that:	MAIL ADDRESS	: All Alcohol
	_		monwealth relating to taxes; and	I
3. the premises a	e now open for	business (If not expl	ain below)	
SIGNED BY	lividual, Partner	r or Authorized Corpo	orate Officer	
DATE:	TELEPHON	IE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENSING AUTI By:	HORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	051400011	CI	CITY OR TOWN HATFIELD				
APPLICATION FOR	RENEWAL:	Annu	al	LICEN	SED FOR 20)13	
		CLAS	SS			YEAR	
LICENSEE NAME: DOING BUSINESS A			ATFIELD 1	NC.			
ADDRESS 72 SCHO	OL ST						
CITY/TOWN: HAT	FIELD	STATE:	MA	ZIP CODE:	01038		
MANAGER: FREW	, FRANCIS P. TYPE	OF LICEN	SE:Packag	ge Store C.	ATEGORY:	All Alcohol	
EMAIL ADDRESS:							
P	LEASE ALSO VISIT OUR WEBS	ITE AND ENTER	YOUR EMAIL	ADDRESS			
DESCRIPTION OF L	ICENSED PREMISE	S:					
FRAME AND STUCE GARAGE FOR STOR		E ROOM O	N THE FI	RST FLOOR, W	ITH ATTAC	CHED	
I hereby certify and sw	vear under penalties of	f perjury tha	t:				
1. the renewe	d license will be of the	same type	for the san	ne premises now	licensed;		
2. the license	e has complied with al	l laws of the	Common	wealth relating t	o taxes; and		
	es are now open for bu			•	•		
		`	•				
SIGNED BY							
	Individual, Partner or	Authorized	l Corporate	Officer			
DATE:	TELEPHONE	NIII ADED		EMDI OVEI	DENTIFICAT	ION NUMBER:	
27112.	TELEPHONE 1	NUMBEK:				ecurity Number)	
Please Check Below:			Ī	OCAL LICENS	SING AUTHO	ORITY	
APPROVED:				By:			
DISAPPROVED:				- 5 -			
(If disapproved explai	n)		-				
			-				
DATE:			=				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:051400013		CITYOR	IOWN	HAIFIELL	,
APPLICATION FOR	RENEWAL:	Annual		LICEN	SED FOR 20)13
		CLASS				YEAR
	SISTERS CONVENTA A SISTERS CONVENT C STREET			CORP		
CITY/TOWN: HAT	FIELD	STATE: N	IA ZIP CO	DDE:	01088	
MANAGER: PATE HAI	EL,JAYANTIB TYPE	OF LICENSE	:Package Store	C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
DESCRIPTION OF I	PLEASE ALSO VISIT OUR WEBS LICENSED PREMISE A FRONT AND REA	SS:				
2. the license	ed license will be of the ee has complied with a es are now open for be	Il laws of the Cusiness (If not e	ommonwealth re explain below)	elating t		
	Individual, Partner o	r Authorized C	orporate Officer			
DATE:	TELEPHONE	NUMBER:				TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL I By:	LICENS	SING AUTHO	ORITY
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

	CITY OR TOWN	HATFIELD		
Annual	LICENSED FOR 2013			
CLASS		YEAR		
CONVENIENCE				
STATE: MA	ZIP CODE:	01038		
E OF LICENSE: Pack	cage Store CA	ATEGORY: Wine and Malt Regular		
BSITE AND ENTER YOUR EM	AIL ADDRESS			
ES:				
ENTRANCE AND A	BACK EXIT. ACC	CESIBLE ONLY BY		
ousiness (If not explain	in below)	o taxes, and		
or Aumorized Corpor	ate Officer			
E NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)		
		ING AUTHORITY		
	Ву:			
	Annual CLASS CONVENIENCE STATE: MA E OF LICENSE: Pack BILLE AND ENTER YOUR EM. ES: ENTRANCE AND A of perjury that: the same type for the stall laws of the Commousiness (If not explain our Authorized Corporation of Authorized C	CLASS CONVENIENCE STATE: MA ZIP CODE: E OF LICENSE: Package Store CA ESITE AND ENTER YOUR EMAIL ADDRESS ES: ENTRANCE AND A BACK EXIT. ACC of perjury that: the same type for the same premises now all laws of the Commonwealth relating to business (If not explain below) or Authorized Corporate Officer E NUMBER: EMPLOYER (Note: NOT Indices)		



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LICENSE NUMBE	R: 051400017		CITY OR TOWN	HATFIELI)
APPLICATION FO	R RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: FITZGERALD'S O	F HATFIELD, INC	C		
DOING BUSINESS	S A FISH TALES BAI	R & GRILL			
ADDRESS 3 SCHO	OOL STREET				
CITY/TOWN: HA	TFIELD	STATE: MA	ZIP CODE:	01038	
MANAGER: KEI M J	LLIHER,WILLIATYP	E OF LICENSE:R	Restaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR	EMAIL ADDRESS		_
	LICENSED PREMIS				
	PREMISE KNOWN A ND A REAR SIDE EX		REET,WITH AN EX	IT IN THE F	RONT
I hereby certify and	swear under penalties	of perjury that:			
1. the renev	wed license will be of t	he same type for the	ne same premises nov	v licensed;	
2. the licen	see has complied with	all laws of the Cor	mmonwealth relating	to taxes; and	
3. the prem	ises are now open for l	business (If not exp	plain below)		
SIGNED BY			5.47		
	Individual, Partner	or Authorized Cor	porate Officer		
DATE:					
DATE.	TELEPHONI	E NUMBER:			FION NUMBER: Security Number)
				ar radar Social S	recurry realiser,
Acts of 2004, signe	ed, attest that we are ed by the building ins (2) the certificate of	pector and the he	ad of the fire depart	tment for the	above
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	laın)				
DATE:					



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LICENSE NUMBER: 0	51400018		CITY	OR TOWN	HATFIELI)
APPLICATION FOR R	ENEWAL:	Annua	ıl	LICEN	SED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME:	RILL N CHILL IN	IC.				
DOING BUSINESS A	GRILL N CHILL					
ADDRESS 127 ELM S	TREET					
CITY/TOWN: HATFI	ELD	STATE:	MA Z	IP CODE:	01038	
MANAGER: PACLO ANTHO		E OF LICENS	SE:Restaurar	nt C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLE	ASE ALSO VISIT OUR WEE	BSITE AND ENTER	YOUR EMAIL AD	DRESS		_
DESCRIPTION OF LIC						
TWO SERVING ROOM STORAGE	MS AND RESTRO	OMS ON TH	E MAIN FL	OOR AND C	ELLAR FOR	
I hereby certify and swe	ar under penalties	of perjury that	:			
1. the renewed	license will be of th	ne same type i	for the same	premises now	licensed;	
2. the licensee l	has complied with a	all laws of the	Commonwe	alth relating t	o taxes; and	
3. the premises	are now open for b	ousiness (If no	t explain bel	ow)		
SIGNED BY						
I	ndividual, Partner o	or Authorized	Corporate C	Officer		
DATE:	TELEPHONE	E NUMBER:				TION NUMBER:
				(Note: NOT Inc	lividual Social S	Security Number)
We the undersigned, a Acts of 2004, signed b named license and (2) of 2010.	y the building insp	pector and th	e head of th	e fire depart	ment for the	above
Please Check Below:			LO	CAL LICENS	SING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain)	1					
DATE:						